

ACL REHAB PROTOCOL (Hamstring Graft)

Dr. Troy Berg/Dr. Austin Crow/Dr. Mark McCarthy
 Chippewa Valley Orthopedics & Sports Medicine
 1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite
 Altoona, WI 54720 Chippewa Falls, WI 54729

Patient _____

DOS _____

OUT-PATIENT THERAPY			NOTES:
<p>0-4 weeks post-operative (phase I)</p> <p>WBAT – WEEK 2 wean from crutches as patient demonstrates normal gait mechanics and good quad control</p> <p>Brace Settings - Open to available passive range</p> <p>PROM Goals – Full passive flexion/extension to progress to Phase II</p> <p>AROM Goals - 0-90° CAUTION: avoid hyperextension >10°</p> <p>Patellar Mobilization/Scar Mobilization</p> <p>Very gentle hamstring stretches Gastroc/Solues stretches</p> <p>Quad Sets with EMG or NMES. **Emphasize early quad contraction and active extension.**</p> <p>SLR's 4-way (w/brace if quad lag) add resistance as tolerated with hip abduction, adduction, and extension</p> <p>SAQ</p> <p>LAQ</p> <p>If available deep-water jogging for ROM/Swelling</p>	<p>4-10 weeks post-operative (phase II)</p> <p>Brace Settings - D/C if adequate quad control at WEEK 6</p> <p>Progress weight with multi-hip exercises & advance to machines</p> <p>Total Gym, progress to Leg Press (90-30°)</p> <p>Wall sits</p> <p>Mini-Squats</p> <p>Lunges</p> <p>Gastroc/Soleus strengthening</p> <p>Active Hamstring curls – no resistance</p> <p>Core strengthening – plank, side plank</p> <p>Double leg bridge</p> <p>Front step ups</p> <p>Balance/Proprioception – double to single leg</p> <p>Stationary bike, progress time/resistance as tolerated</p> <p>Resisted ambulation</p> <p>Waist deep running in pool @ 8 wks.</p> <p>Elliptical/Nordic Trac</p> <p>Stairmaster (avoid hyperextension)</p> <p>Goals: restore normal gait with stair climbing, progress toward full AROM</p>	<p>10-16 weeks post-operative (phase III)</p> <p>LAQ, progress to eccentrics</p> <p>Advance balance/proprioceptive activities</p> <p>Progress quad, hamstring, calf, hip strengthening</p> <p>Double leg to Single Leg Bridge</p> <p>Single leg knee bends 30°-60° range and progress to tubing</p> <p>Balance and Reach</p> <p>Vectors</p> <p>Advanced elliptical/bike cardiovascular/endurance training</p> <p>Hamstring Curl strengthening at 12 weeks</p> <p>Progress to full weight bearing running @ 12 weeks</p> <p>Swimming (if desired)</p> <p>25-50% speed agility: skip, side shuffle, back pedal, grapevine</p> <p>Week 12-16 week Functional Testing</p> <p>Goals: Full ROM, 70% strength of uninvolved side, normal running mechanics</p>	<p>2-3 visits per week after first week</p> <p>Sleep without brace 7-10 days post op</p> <p><i>Criteria to advance to:</i> Phase II – Full PROM flex/ext, good quad set, SLR without lag, Minimal swelling/ inflammation, normal gait on level surfaces Phase III – no patellofemoral pain, minimum 120° flexion, sufficient strength and proprioception to initiate running, minimal swelling/ inflammation Phase IV (Advanced ACL Protocol) – No significant swelling/inflammation, Full pain free ROM, No evidence of patellofemoral joint irritation, sufficient strength and proprioception to initiate agility, normal running gait, 70% strength of uninvolved side</p> <p>Weeks 16+ please refer to the advanced ACL rehab protocol</p> <p>**Return to sport/work is dependent on passing of functional testing and sign off from primary physician. Approximately 9-12 months sport/6-12 months work.</p> <p>Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060</p> <p style="text-align: right;">Revised July 2024</p>